

**CALIFORNIA BOARD OF ACCOUNTANCY**

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**FORM G <sup>3</sup>/<sub>4</sub> GENERAL EXPERIENCE (PRIVATE/GOVERNMENT)**

**This form is to be COMPLETED and MAILED directly to the Board**

PRINT OR TYPE

FULL NAME OF APPLICANT: (NO Initials) (First) (Middle) (Last)				SOCIAL SECURITY #	
FULL TIME (MO/DAY/YR)		PERIOD OF EMPLOYMENT (MO/DAY/YR)		TOTAL PART TIME HOURS	
FROM TO		PART TIME (MO/DAY/YR) (MO/DAY/YR)		FROM TO	
I. Applicant's general experience while in your employment. List the dates applicant was under your <b>supervision</b> and obtained qualifying experience as defined below.					
JOB CLASSIFICATION		(FROM)	(Dates)	(TO)	
II. Is the applicant related to anyone in your agency? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, explain relationship) _____					

**GENERAL EXPERIENCE CERTIFICATION**

General experience may include providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills. To qualify, experience shall have been performed in accordance with applicable professional standards.

If an applicant is performing attest services as part of the general experience, it must be performed under the supervision of a licensee who has satisfied the attest experience requirement.

**A licensee who obtains licensure without satisfying the attest experience requirement (Section 12.5 of Title 16 of the California Code of Regulations) cannot sign attest reports of any kind unless the licensee subsequently satisfies the attest experience requirement.**

BUSINESS NAME	BUSINESS TELEPHONE: Area Code ( )
ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)	

Section 12 of Title 16 of the California Code of Regulations requires that experience be verified by a supervisor holding a valid license or comparable authority to practice public accounting and a second person with a higher level of responsibility in the business/agency. If the licensee supervisor is also the owner of the business/agency, no second signature is required.

*I hereby certify, under penalty of perjury under the laws of the state of California, that the applicant has been supervised by me or my business/agency for the period indicated herein.*

SIGNATURE #1 (Supervisor) <b>(DO NOT USE BLACK INK)</b>	LICENSEE SUPERVISOR <b>(Must be a licensee who supervised applicant)</b>
PRINTED NAME	CERTIFICATE NO. _____
DATE:	CPA <input type="checkbox"/> PA <input type="checkbox"/>
	U.S. STATE OF ISSUANCE _____
SIGNATURE #2 <b>(DO NOT USE BLACK INK)</b>	<b>Must have a higher level of responsibility in the business/agency than signer #1.</b>
PRINTED NAME	CERTIFICATE NO. (if applicable) _____
	CPA <input type="checkbox"/> PA <input type="checkbox"/>
DATE	TITLE _____
	U.S. STATE OF ISSUANCE _____

## **INFORMATION COLLECTION AND ACCESS**

This information is required for licensure under Business and Professions Code Section 5080. Failure to provide any of the required information is grounds for denial of the application for licensure under Business and Professions Code Section 480. The information provided may be used to determine qualification for a Certified Public Accountant License.

Per California Civil Code, Section 1798.17 (Information Practices Act) the Executive Officer of the Board is responsible for maintaining the information in this application. This information may be transferred to the Department of Justice, District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24.

Each individual has the right to review his or her file, unless the records are being withheld as provided in Civil Code Section 1798.40.